

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. 112

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____
City Miami No. 104 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mmanuel Olvera { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Mch. 7 - 1924
Month Day Year

8. FATHER
Full name Alfred Olvera
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Prescott, Arizona
(State or country)

13. Occupation Truck driver
Nature of industry Swift Co.

14. MOTHER
Full maiden name Espiranza Guadalupe
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Sonora, Mex.
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:05 A. M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Teron M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Such 15, 1924 C. E. Irwin
Registrar

461-307-582